

**LETTER OF VERIFICATION RESULTS AND ADVERSE
ACTION FOR FOOD STAMP OR FIP/TANF HOUSEHOLDS**

Child(ren)'s Name(s): _____

School: _____ Date: _____

Dear _____:

Available records show that your household is not getting food stamps or FIP/TANF at this time.

To continue benefits for your child:

- (1) complete a new application with income information,
- (2) write the name and social security number of each adult household member on the enclosed sheet of paper (Prototype V), and
- (3) send in pay stubs or other papers that show your household's current income.

Your child's free meal benefits will be stopped on (insert 10 days from date sent) unless we receive this information. Any continued free or reduced price meals will depend on your current household income.

If you do not agree with the decision, you may discuss it with (_____ name _____) by calling (_____ phone number _____).

You also have a right to a fair hearing. This can be done by calling or writing the following official:

Name: _____

Address: _____

Phone: _____

If you request a hearing by (insert 10 days from the date sent) your child will continue to receive free meals until the decision of the hearing official is made.

If you are not eligible for benefits now, but your household circumstances change, you may fill out an application at that time and reapply for benefits.

Sincerely,

Enclosures: (Verification Information for Free and Reduced Price Meals—Prototype IV)
(Form for Social Security Numbers—Prototype V)

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